


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90089 050 \*\*\*\*50.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L04000074310</b><br>1. Entity Name<br><b>MDS &amp; ABF, LLC</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>13032 SW 5TH STREET<br/>MIAMI, FL 33184-1216 US</b>   |   |  | Mailing Address<br><b>13032 SW 5TH STREET<br/>MIAMI, FL 33184-1216 US</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |   |  |
| City & State  |   | City & State   |   |   |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br><b>81-0656534</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LORENZO, JOSEFINA<br/>13032 SW 5TH STREET<br/>MIAMI, FL 33184-1216</b>  |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DA SILVA, MAURICIO J<br>13032 SW 5TH STREET<br>MIAMI, FL 331841216 | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>FERNANDEZ, ANA B<br>13032 SW 5TH STREET<br>MIAMI, FL 331841216    | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>  | <input type="checkbox"/> Delete                              |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |   |  |
| <b>SIGNATURE: <u>Mauricio Da Silva</u> MAURICIO DA SILVA 4/27/05 (305)559-8689</b>  |   |  |   |   |  |

40072301



04272005 Chg-LLC CR2E083 (10/03)